

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| EE DETERMINATION | NUR | | 08-04-01 |
| O.I.P.E. CLASSIFIER | | 43 | 1/12/01 |
| FORMALITY REVIEW | | 1019 | 12-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
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| 2 | 10/2/03 |
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| Claim | Date |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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809
10/10/03
947
12/18/04